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The Private Duty Nurse

By MRS. J. B. MORRISON

In these days one hears so much of the work of nurses in the many and ever increasing branches of social service that the work of the private nurse is somewhat overlooked.

In the past nurses fell back on private duty or nursing in homes as the only work outside of the hospital, for, in speaking of graduate nurses, we do not mean those who register for hospital duty only. Now that other fields are open, those especially fitted for private duty work need remain to engage in it and develop and broaden this important branch of nursing. In these days of reconstruction, the private duty nurse's place is in the front line as a social worker and as an educator. The private duty nurse has always been doing social service work (just what grade it has been has depended largely on the individual woman). She has paved the way for all other nurses in every branch of public service work. It has required infinite tact to break down the barrier between patient and nurse, to make the patient feel that the nurse is a friend helping in trouble, untiring in the effort to fight the inroads of disease, and sympathetic in her attitude when all skill is of no avail. The work of the private duty nurse is now the same as it always was,

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its aim the saving of life, the conservation of health and comfort, and the preservation of the race.

In addition to the essential "motherly" qualities which are at the root of all nursing, the sympathy and self-sacrificing devotion of the nursing saints of earlier days and the practical efficiency of the modern nurse, there should be "knowledge growing more and more" to add to that efficiency and social vision which will enable the nurse to see beyond the kindly personal service to the larger social need, and beyond the immediate relief of suffering to the more constructive programme of true conservation-health nursing, the dream of Florence Nightingale: "No life can be pure in its purpose and strong in its strife and all life not be purer and nobler thereby."

The imprint of a private nurse's influence upon her work and that of others is almost indelible. Through her intimate relations in family life her influence is far-reaching. It has been suggested that the nurses of greatest refinement, education and training should be on country cases, as there is found the biggest opportunity to do really lasting good.

The private duty nurse has also ever been a teacher, and to her is due the fact that the rudiments of nursing are widely known to the laity as they now are.

The foundation has been well laid, the spade work done; but the constructive work of educating the public must go on, both in regard to the bettering of the surroundings of the patient and the working conditions of the nurse, and the private duty nurse, more than any other representative of our profession, has the opportunity of doing this.

In a recent nursing journal, the opportunities of the private duty nurse as an educator were summarized as follows:

1. In the application of scientific knowledge to various problems of the home, including the training and feeding of children, the wise expenditure of limited income, and the application of hygienic principles to individual needs.

2. In the application of social science to social problems.

3. By serving as an ideal to young women seeking their vocation.

4. By helping to improve the quality of public opinion regarding the scope and importance of nursing and the need for endowment of nursing schools.

5. By enlightening the public regarding the purpose of, and the necessity for, so-called "nursing bills."

Every bill introduced has had for its purposee:

1st—The improvement of the care of the sick.

2nd—Better education of the nurse so as to fit her to give this care.

3rd—Protection of the people by making it possible for them to differentiate between the nurses who have qualified themselves and

those who have not, and not until public opinion has been educated to realize that the legislation for which we are working will really benefit the people even more than the nurse, will the opposition be overcome.

With such a programme as this, who shall say that "the day of the private nurse is nearly over"? We are told there is a great need of nurse specialists. True, doubtless; but just as certainly is there a demand (overwhelming sometimes) for average nurses who are willing to respond to ordinary calls to nurse any case for which her training has fitted her. Specializing in private nursing gives opportunities for the exercise of any talent a woman may have.

But can a nurse reach her highest efficiency while her hours are "twenty-four on duty, with six hours for sleep and two for outdoor recreation"? Can she on a 12-hour day? What time has she to attend the meetings of nursing organizations—to identify herself with other women's nursing activities and interests as she ought to? The responsibility of helping to make the laws of the country now belongs to Canadian women. Nurses might well take the lead in endeavoring to solve the social problems, such as the great infant mortality, the excessive mortality among women from 15 to 45 due to pregnancy and child birth, which is due largely to the kind of or lack of nursing care. Here, too, is an opportunity as an educator for the private duty nurse, coming as she does in close touch with influential people in their homes. Should not human life be more valuable to the country than property? If a fire or a burglary occurs in a home, everything possible is done without cost to the individual concerned, the population at large being taxed to provide protection. If the accident or sickness occurs, or if a new life is added to the population, how different! Why? In conclusion, we believe that no nurse can do private duty work satisfactorily, thinking chiefly of her own advantage in terms of money or leisure. It is a branch of nursing that requires more self-sacrifice, perhaps, than any other. The best nurse of to-day, be believe, took up the profession of nursing because of a vision of the greater opportunities of usefulness in the Master's service. A desire to follow in the footsteps of the Great Healer, who "went about continually doing good"—such a spirit prompts them to choose the harder fields of service. Little or nothing has been done hitherto in training schools generally to develop the spiritual side of the pupil's life, though it is recognized that the women who have gone down in the history of nursing with so much glory have been women of Christian training and experience.

If we had a revival among all of our nurses of the spirit of Florence Nightingale, many of our problems would be speedily solved.

Private duty nurses, again we say that in the forward march your place is in the *front line*.

It is a good thing to be rich and a good thing to be strong, but it is a better thing to be loved by many friends.—EURIPIDES.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,

Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE VI.

THE FURTHER SECULARIZATION OF NURSING. THE DAWN OF SOCIAL SERVICE AND CHARITY ORGANIZATIONS UNDER ST. VINCENT DE PAUL AND THE SISTERS OF CHARITY. JEANNE MANCE AND THE HOSPITALS OF FRENCH CANADA.

AUTHORITIES CONSULTED: Life of St. Vincent de Paul, by E. de Brophy; Ibid, by Saunders; Vie de Jeanne Mance et l'Histoire de l'Hotel Dieu de Montreal, Abbé Faillon; A Canadian Hospital of the Seventeenth Century, John McCrae, Mont. Med. Journ., July, 1906.

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ST. VINCENT DE PAUL AND THE SOEURS DE LA CHARITE

REMARKS: St. Vincent de Paul was born in 1576 and died in 1660, and exercised his ministry just after the devastation of Europe by the Thirty Years War. Endowed with boundless humanitarism and self-devotion, combined with an extreme simplicity and humility of character, common sense, and immense powers of organization, he initiated extensive reforms in hospital and prison abuses and in the tragedies of the lives of galley slaves, and developed mission work both throughout Europe and also in the far East, and laid the foundations of modern social service through the establishment in France of the Order of Sisters of Charity. His plans for suppressing mendicancy involved separation of sick from well paupers, entrusting the care of the sick to women, who would visit and comfort them, supplying of work to the able-bodied, teaching trades to the young, and giving alms to those unable to work. The Sisters of Charity was a secular society, which was conducted for some time on a purely voluntary basis without special regulations, and was comprised, at first, of a membership of eleven women, of whom the most active was Mlle. LeGras (Slide 100), who soon became the head of the rapidly growing organization, which was the forerunner of our modern district nursing and charity organization work. The first House of the Sisters of Charity was occupied in 1633 by Mlle. LeGras and five Sisters from the peasant class, all with characters of great force and rare devotion. The work spread so that in 1808 Sisters of Charity supplied the nursing in France in two hundred hospitals.

Slide 99—St. Vincent de Paul, succouring a sick man and holding an orphan child in his arm.

Slide 100—St. Vincent de Paul seated and bearing an orphan child.

Slide 101—Mlle. LeGras, founder and first Superior of St. Vincent de Paul's Sisters of Charity. Died March 15, 1660.

Slide 102—Soeur de la Charite, showing the costume adopted by them.

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JEANNE MANCE AND THE ORGANIZATION OF FRENCH HOSPITALS IN AMERICA; THE HOTEL DIEU OF QUEBEC, AND THE HOTEL DIEU AND GREY NUNNERY OF MONTREAL

REMARKS: The organization of these hospitals was marked by great devotion and missionary fervour, and may thus be directly traced to the work of St. Vincent de Paul and to the wonderful Jesuit Relations, by LeJeune, telling of the great missionary work carried on by them among the Indians.

The Hotel Dieu de Quebec. This hospital was founded in 1639 by the Duchesse d'Aiguillon, niece of Cardinal Richelieu, who obtained a grant of land from the Company of New France and sent out three Augustinian nuns as Hospital Sisters for this purpose. They sailed with Mme. De La Peltrie (Slide 115) and a group of Ursulines who came to establish the first schools. The hospital nuns began work at Sillery, four miles from Quebec, where the ruins of their first hospital still are, but were forced a few years later to remove to Quebec for safety from the Iroquois.

The Hotel Dieu of Montreal, and Jeanne Mance, its foundress. The story of the origin of the Hotel Dieu of Montreal is bound up with the romantic history of the origin of Montreal, which was the outcome of religious devotion and missionary fervour, and the accounts of which partake of the miraculous. The inspiration to found a colony in Montreal for the special purpose of evangelizing the Indians, and the thought of founding a hospital there to promote this object, are said to have come as a direct revelation from heaven; at the same time, to the minds of three persons living in different parts of France, the Abbé Olier (See Slide 105), who founded the Order of the Sulpicians for the purpose of educating the Indians and children of the Colony; M. de la Dauversière (see Slide 106), who founded the Order of the hospital nuns of St. Joseph at La Flèche in France for the purpose of looking after the sick poor of the future colony; and Jeanne Mance (see Slides 103, 104), who herself came out with M. de Maisonneuve in 1642 to take the woman's part of the work of organizing and caring for the colony. She belonged to an honourable family of Nogent-le-Roi in France, was a gentlewoman of graceful and distinguished bearing, deeply religious from childhood, with no vocation for the cloister, but inspired by the *Jesuit Relations* and the example of the devoted women of the Hotel Dieu at Quebec to feel herself called to a similar life-work. M. de la Dauversière, the Abbe

Olier and others founded the "Association of Montreal" and obtained control of the Island, and the leadership of the Colony was entrusted to M. Chomedy de Maisonneuve. Mlle. Mance's offer of her services was supported by the wealthy Mme. de Bullion, and she went to Rochelle, where embarkation was taking place, and was recognized by the leaders as the woman needed as nurse and housekeeper for the Colony. They sailed in three ships and reached Quebec in August, 1641, and Montreal in the following spring, landing at the Pointe-aux-Callières (at about the site of the present Custom-house Square), where the first fort was erected. (Slides 108, 109.) The hospital was built soon after, with funds supplied by Mme. de Bullion, who gave 40,000 livres. It was on the site of the present corner of St. Sulpice and St. Paul Streets, and was a building 60 feet long by 24 wide, with a chapel and two large wards for patients, a kitchen, and rooms for Mlle. Mance and the servants (Slide 110), and was amply supplied from France with all necessities, and had oxen, cows and sheep attached. There was no physician in the colony, and the hospital had to depend on Mlle. Mance's sound sense, good judgment and wise sympathy. The hostility of the Iroquois, who had become virulent enemies of the French through Champlain's friendliness for the Algonquins and Hurons, made the early years of the hospital a constant peril. It was part of the work of the hospital to reclaim the Indians, and the sick or wounded Iroquois came under its care, but for many years the struggle for life against these savages was of the most intense. (Slides 111, 114, 115.) After eleven years, Mlle. Mance returned to France and obtained the services of the hospital nuns of St. Joseph de la Flèche, and placed the control of the Hotel Dieu in their hands (Slide 113). Up to this time it was entirely her work, and therefore was purely secular. One of these Sisters was Judith de Brèsoles (Slides 112, 115), who became the first Mother Superior of the Hotel Dieu, and is famous in the early history of the Colony of Montreal. She had an intimate knowledge of herbs, and almost took the place of a physician.

The Grey Nunnery of Montreal was first organized by members of a lay brotherhood, the Frères Charron, who founded it under the name of the Hôpital de la Charité in 1692. It was handed over in 1747 to the care of the Grey Nuns under the celebrated Mme. d'Youville (Slide 115), who was the first Superior. All classes of unfortunates were received within it without destruction, and it soon became the second most important hospital of early Montreal, the first being the Hotel Dieu de Ville-Marie (Montreal). The work of caring for abandoned children, which is to-day its most important activity, was begun in 1754, but was not developed till shortly after the conquest of French Canada by the English in 1760, "when Mme. d'Youville one day found the body of a little child frozen in the ice, with the dagger still in its throat, and its little hands raised as in supplication. This incident, with others, caused her to develop this work which was then first undertaken systematically on this continent." (From Atherton's History of Montreal.)

Slide 103—Hotel Dieu de Quebec as it was in 1816. The old walls shown date from 1696. Soeur Marie de l'Incarnation (see Slide 115) was its first Superior.

Slide 104—Mlle. Mance, foundress of the Hotel Dieu, from the oldest known print, the origin of all the later likenesses.

Slide 105—Mlle. Mance, the best picture extant. It is to be remembered that she was not a nun, but a secular nurse.

Slide 106—Jerome le Boyer de la Dauversière, founder of the Order of Hospital Nuns of La Fleche, who took charge of the Hotel Dieu from Jeanne Mance.

Slide 107—The Abbé Olier, who, with M. de la Dauversière, foresaw the future of Montreal and established the Order of the Sulpicians for the educational care of the Colony.

Slide 108—Plan of Montreal in 1645-50 (bird'e-eye view). The first fort built by Maisonneuve is seen on the Pointe-aux-Caillieres. To the extreme right of the picture on the mainland is the first Hotel Dieu, built at the corner of St. Sulpice and St. Paul Streets within two years after the colonists landed.

Slide 109—Plan of Ville Marie (Montreal), in 1685, showing old Hotel Dieu behind site of present Notre Dame Cathedral. Note that the whole city is below Craig Street, which is replaced by a brook.

Slide 110—The old Hotel Dieu on St. Paul Street (original building with additions) as it was until 1821.

Slide 111—A picture from Abbé Faillon's history of the Hotel Dieu de Montreal, showing a scene in the struggle against the Iroquois. Charles Archambeault and another colonist are being attacked by the Iroquois who were hidden behind the Hotel Dieu, the door of which stood open. He is seen escaping within it, and the door was closed behind him by Jeanne Mance, who is standing at it. His fellow colonist is being scalped outside and a woman is being taken prisoner.

Slide 112—Judith de Brèsoles (first Superior of the Hotel Dieu after Jeanne Mance handed it over to the nuns) leaving her home against the will of her father to become a hospital nun of La Fleche.

Slide 113—Mlle. Mance and the three hospital nuns of La Fleche about to sail for Canada from France. M. de la Dauversière is blessing them.

Slide 114—Mme. Duclos, of great reputation for bravery, having perceived several of her fellow-citizens just outside Montreal attacked by Iroquois, brings them guns. Note the nuns taking refuge in the belfry of the old Hotel Dieu.

Slide 115—An Iroquois, healed of his wounds by the care of the nuns of St. Joseph, tries to stifle Mère de Brèsoles in the cupboard in the ward, but is prevented by patients.

Slide 116—"Les Héroines du Canada," authors of the pioneer social movements in this country. Shows (a) Marie de l'Incarnation, first Mother Superior of the Hotel Dieu de Quebec; (b) Mme. de la Peltrie (in the centre), founder of the Ursuline Schools at Quebec; (c) Jeanne Mance, foundress of the Hotel Dieu of Montreal, whose picture is marked by a cross, and who was not a nun and therefore is in secular dress; Marguerite Bourgeois, of the Hotel Dieu of Montreal, foundress of the "Congregation" for the care of orphan children; (d) Mme. d'Youville, first Superior of the Grey Nunnery of Montreal; (e) Mlle. le Ber, whose ascetic story is part of the history of early Montreal. She passed many years as a religious solitary in a small room in her father's house praying to her saints and

doing beautiful needlework, some of which is still preserved in historical collection in Montreal.

Slide 117—Statue of Jeanne Mance in Place d'Armes, Montreal, by Phillipe Hébert.

Slide 118—Statue of Jeanne Mance in the courtyard of the Hotel Dieu at Montreal. By Hébert.

Slide 119—A ward in the Hotel Dieu, Montreal, to-day, showing the curtained beds, reminding one of the old continental arrangements. It is, however, a modern hospital with nurses' training school attached at the present day, although still under the control of the Hospital nuns of La Flèche.

Slide 120—View of the Hotel Dieu to-day seen from Fletcher's Field, Montreal.

Slide 121—The Old "Grey Nunnery" as it looked from McGill Street in the late '60's before the new building was erected on Dorchester Street. This site was that of the original General Hospital, founded by M. Charron in 1692, and transferred to Madame D'Youville in 1747. A portion of these buildings still remains in 1912, being employed as warehouses. The new Customs House is to be built on this spot.

Slide 122—The Grey Nunnery to-day. The building is on Dorchester Street, Montreal.

(To Be Continued)

GOSSIP

If all the world were free from sin,
And all the wrongs were put to right;
If all the dreamers' ships were in,
And all the corners dark were light;
If there were nothing that's untrue,
And no such thing on earth as doubt;
If men did all they tried to do,
Whatever would we talk about?

The number of students registered in the department of nursing and health at Columbia University this summer is 192. They come from all sections of the country, and this year there is an unusually large group from Canada. Among the Canadians are Miss Rayside, who was matron-in-chief of the Department of Militia and Defence in Canada during the war; Miss Shaw, who has been appointed director of the new nursing course which is being opened in McGill University, Montreal; Miss E. Kathleen Russell, who takes charge of the public health nursing course in Toronto University; and Miss Newcomb, who goes as instructor to Vancouver Hospital, which is connected with British Columbia University. American nurses will watch this new development of university courses in Canada with great interest, and will wish these pioneers the greatest success in their work.

Happiness comes from striving, doing, loving, achieving, conquering—always something positive and forceful.—DAVID STARR JORDAN.

Registered Nurses' Act of Quebec

An Act to Incorporate the Association of Registered Nurses of the Province of Quebec

Assented to 14th of February, 1920

Whereas, Miss Mathilda Guilmette, Miss Amanda Séguin, Miss Huberta Chagnon, Miss May Beaudoin, Miss Zaidee Young, Miss Olive DeLaney, Miss Lillian Phillips and Miss Mabel F. Hersey, all practising nurses of the city of Montreal, have, by their petition, asked for the incorporation of an association of nurses, with powers as herein provided, representing that such an incorporation would be both in the interest of the nursing profession and of the public;

And whereas it is expedient to grant their prayer;

Therefore, His Majesty, with the advice and consent of the Legislative Council and of the Legislative Assembly of Quebec, enacts as follows:

1. The aforesaid persons, and all others who may become associated with them, as hereinafter provided, are constituted a corporation under the name of the "Association of Registered Nurses of the Province of Quebec."

2. The objects of the association are to provide a body of fully trained and competent nurses for the care of the sick, and to provide means whereby those who possess such competency and training may be made known to the public, and also to promote the efficiency, usefulness and welfare of nurses generally.

3. The head office of the association shall be in the city of Montreal.

4. The aforesaid persons shall constitute the provisional committee of management of the association.

5. It shall be the duty of the provisional committee of management of the association:

(a) To open the register of members of the association and to inscribe therein all those who are entitled to become members thereof without examination under section 8 of this act, and who make the application and comply with the other formalities prescribed by such section;

(b) To call the first meeting of the members of the association at such time and place, and in such manner as they may determine, in the city of Montreal, within three months from the date of the passing of this act;

(c) To do all other things within the powers of the committee of management of the association that it may be necessary to do

in the interest of the association previous to the holding of the first meeting of the members thereof.

6. The following persons shall be entitled to become members of the association upon examination and payment of admission fee as herein provided, namely:

All nurses of twenty-three years of age, or older, of good moral character, who have graduated from a training school connected with a general hospital of the province having a minimum capacity of fifty beds, where at least a three years' systematic course of instruction in nursing is given in the hospital, provided the three years may be spent in more than one hospital and school successively.

7. Graduates of training schools connected with special hospitals of a minimum capacity of fifty beds, giving a two years' course, who shall obtain one year's additional training in a general hospital as above mentioned, shall also be entitled to admission as hereinabove provided if they are otherwise qualified.

8. All persons fulfilling the above conditions who are practising as nurses in the province at the date of the sanction of this act, or who are then at such course of training and who subsequently graduate as provided in section 6, shall be entitled to become members of the association without examination and on payment of the admission fee.

9. At the first general meeting of the members of the association, the report of the provisional committee of management shall be received, the regular committee of management shall be elected, and the by-laws of the association adopted.

10. A general meeting of the members of the association shall be held at least once a year, to receive the report of the committee of management, to elect a new committee of management; to amend, repeal or adopt by-laws, and for all other purposes that may interest the association.

11. Special meetings of the members of the association may be called and held at any time and for any purpose as the by-laws may provide.

12. The committee of management shall be composed of seven members of the association.

13. The committee of management shall elect from amongst its members the president, vice-president and the secretary-treasurer of the association for the ensuing year.

14. The committee shall appoint two examination boards consisting each of three members of the association, one of the boards being composed of English-speaking members and the other of French-speaking members.

15. These two boards shall hold annual examinations, of which public notice shall be given in the manner provided by the by-laws. The conduct of the examination shall be as provided in such by-law.

16. The admission fee to the association, until otherwise provided by by-law, shall be the sum of five dollars for all members, including those entitled to admission without examination and the members of the provisional committee of management.

17. At all meetings of the association, of the committee of management, or of the boards of examiners, each member shall have one vote, and the questions shall be decided by the majority of votes, the officer presiding at the meeting having the casting vote in case of equal division.

18. Until otherwise provided by the by-laws, the quorum shall be ten members for the meetings of the association.

19. Vacancies in the committee of management, or in boards of examiners, shall be filled by the committee of management.

20. The committee of management shall, in all respects and subject to the control of the members in meeting assembled, administer the affairs and exercise the powers of the association.

21. The members in meeting assembled shall have the power to make by-laws in respect of all matters concerning the association, and, without restricting the generality of the above provision, in respect of the meetings of the association, its committee of management, or its boards of examiners, the conduct of the examinations, the admission fee to the association, the annual fee payable by the members and the expulsion of members from the association.

22. The committee of management may censure, suspend or expel a member for improper conduct, incompetency or non-payment of fees.

23. The decision of the committee of management as to admission of members, on the report of either board of examiners when an examination is required, or as to censure, suspension or expulsion of members, shall be final and without appeal, and the said committee shall be the sole judge of the qualifications of applicants for membership and of the conduct and competency of members whose censure, suspension or expulsion is decided on.

24. The committee of management may grant to nurses of other provinces, or countries, where in its opinion an equivalent professional standard is maintained and where similar advantages are granted to members of the association, admission to membership of the association permanently or for a stated time on payment of such fees as the by-laws may provide.

25. Members of this association shall alone be entitled to take, in the province of Quebec, the title "Registered Nurse."

26. Anyone not a member in good standing of the association who takes or uses such title, or otherwise purposely behaves so as to falsely create the impression that she is a member in good standing of the association, shall be liable to a fine not exceeding the sum of fifty

dollars for each such instance in which she does usurp said title or so behave, recoverable by and for the benefit of the association.

27. The provisions of part XV. of the Criminal Code of Canada shall apply to the recovery of the said fine.

28. The register of members shall constitute *prima facie* evidence on the question whether a person is or is not a member of the association.

29. The association may acquire, hold, hypothecate or alienate the immovable property required for its purposes.

30. The corporation shall transmit to the Lieutenant-Governor in Council, when thereunto required by the Provincial Secretary, a detailed statement of its movable and immovable property, the names of its officers, and a certified copy of its rules and regulations.

31. This act shall come into force on the day of its sanction.

Go into the villages and towns over against you.—*St. Matt.* 21:2.

In the great world, aching with many needs, we often dream:
And our fond hearts imagine dazzling deeds,
And in our dreaming everything succeeds;
The mountains topple over at a touch,
To cleave the seas is not too much.
Lord, wake us from a dream!
Lord, wake us from our dream to see
Things as they are.
The lowly place where humble duties wait,
God-given duties at our very gate.
The work which calls for service, not for fame,
Which buries self and setteth forth Thy Name.
Deeds near, not dreams afar.
For wouldst thou share the triumph of thy Lord,
This simple task fulfil;
Enter the hamlet lying close at hand,
Forgetting self, do there thy Lord's command.
There creatures meet for ministry abide,
For all find use when at the Master's side.
His wishes be thy will.
His wishes be thy will! Lo, near to thee,
Thy life, thy home, thy heart!
Fill up thy life with good which can endure;
Tenant thy home with love serene and pure;
And let His Spirit thy weak heart fulfil
With nobler aim and consecrated will.
For Him do thou thy part.

BISHOP BOYD-CARPENTER.

The Public Health Nurse and Tuberculosis Control

Paper Read at the Annual Meeting of the Canadian Association of Trained Nurses (Public Health Section), Fort William, July, 1920

By JULIA STEWART

1. Ever since the anti-tuberculosis campaign began, some twenty or twenty-five years ago, dreams have been dreamed of the time when the disease would be controlled and eradicated. Enthusiasts, particularly in the early days of the movement, were wont to predict that this desirable end would be achieved within one generation. Others, more optimistic still, placed it within fifteen or even ten years' time. It was thought that we had only to educate the patient in how to become a cure, and his friends in the nature of the disease and how to prevent it, and the problem would be solved. Education and cure, or, as we now say, arrest of the disease, are still planks in the anti-tuberculosis platform, but time has shown how much more complex the problem is than was at first supposed.

2. Prevention soon became the key-note of tuberculosis effort, and special dispensaries, with follow-up work by nurses, segregation of advanced cases, compulsory registration in many parts of Canada, increased hospital and sanatorium accommodation, a limited degree of legislation, and a partially developed system of protection of children, represent to-day the machinery by which we are attempting to deal with the problem.

3. The optimists were not all confined to the early days. So recently as 1917 I heard a medical officer of health say that such progress had been made, chiefly through compulsory registration and public health activities, that in five years' time tuberculosis would be as completely under control as smallpox, if, indeed, it were not entirely wiped out. Such a very rose-colored view brings to mind a cartoon published by *Punch* during the early part of the South African war. Britain, you will remember, for some time failed to realize what a very powerful and determined enemy she was fighting, and British arms had many a reverse before adequate steps were taken to quell the foe. After one of these "regrettable incidents," the cartoon to which I refer was published. It was the figure of a huge savage, his only weapon a club. Underneath the picture were two lines from Kipling's poem, "Fuzzy-Wuzzy":

"You're a poor benighted heathen,
But you broke the British square."

and these significant words:

"Never despise your enemy."

Those who talk of eradicating tuberculosis in any such short period are either despising the enemy we fight, or are foolishly ignorant of the problem as it exists to-day. Let us briefly examine that problem.

4. It is very difficult—indeed, it is impossible—to obtain reliable tuberculosis statistics for Canada. One can get accurate figures for England, Australia, New Zealand and the United States; but our own statistics are largely a matter of conjecture, based, of course, upon statistics of other countries, but more or less vague as regards our own problem. Dr. Hawes, of Boston, in an address given last year at the annual meeting of the Canadian Association for the Prevention of Tuberculosis, points out the necessity for tuberculosis surveys, in order to get reliable information as to the extent of the problem.

It is, however, generally conceded that we obtain a very conservative estimate of the number of cases of tuberculosis in a community by multiplying the number of deaths by 10. There are over 10,000 deaths yearly in Canada from this disease; so that we have, therefore, at least 100,000 cases of tuberculosis. This is a tremendous problem, involving, as it does, thousands of homes; bringing suffering, poverty, misery and death in its train—to say nothing of its cost to the nation in caring for the people so afflicted, or of the loss to the world at large of useful lives sacrificed. It is said that the cost of tuberculosis in the expense of sickness, the employment of physicians, the loss of wages and in the maintenance of hospitals and sanatoria in the United States is one billion two hundred and thirty-five million dollars yearly. Granted, then, that we have 100,000 cases at the present time in Canada, how can we even pretend to be in control of the disease unless we know where all these cases are? That we do not know, until too late, where many of them are will be shown by the following figures:

6. During the year ending March 31st, 1920, there were admitted to the Toronto Free Hospital for Consumptives, from the City of Toronto and its immediate neighborhood, 29 cases who lived less than one month, 21 cases who lived between one and two months, 17 cases who lived between two and three months, 20 cases who lived between three and six months, after admission to the hospital. Many of these had kept at work in shop or factory until within a few weeks of their admission. Over 25 per cent. were mothers who had been caring for their homes and young children. In many cases diagnosis had evidently not been made until just previous to admission. Clearly we are failing to find the cases early enough, and our machinery, as at present developed, is not meeting the need as it exists to-day. If this is the case in a city where tuberculosis work has been organized for years, where numerous tuberculosis clinics should make diagnosis easy to obtain, and where the public has been to some extent educated, what are conditions likely to be in unorganized districts?

7. Our problem, then, particularly as it relates to the public health nurse, divides itself naturally into two groups—the unknown cases and

those already known and under supervision. As to the first group, the remedy for the present state of affairs seems to be earlier diagnosis; and it may be thought that with this the public health nurse has little or nothing to do. The contrary is, however, the case. She has for years taken a prominent part in tuberculosis work, and by many is considered to be the most important single factor in the campaign. Whether as district nurse, school nurse, social service or welfare nurse, she has a golden opportunity for service in this capacity by bringing to the notice of the physician cases which would otherwise escape detection while in the early stages. The busy general practitioner rarely thinks of examining the contacts in a home where there is tuberculosis, but in most cases is only too glad to meet the nurse half way, either by examining them himself, at her suggestion, or permitting them to be taken to a tuberculosis clinic. But, to meet her great opportunity, the public health nurse needs to be equipped with a very definite knowledge of the disease she is trying to fight, as well as the best and most modern methods of dealing with all phases of the problem. One has heard the criticism rather frequently, by physicians and others, that many of us who are trying to do the work know so little of the problem and its needs that we do more harm than good in many cases, both to the patient and to the cause. Let us see to it that we do not longer give occasion for this comment on our work. Opportunity always carries with it a corresponding responsibility; and the responsibility of the public health nurse of to-day, in bringing about earlier diagnosis and earlier registration, is, indeed, a heavy one.

8. The second group with which the public health nurse has to do, the known cases, may be subdivided as follows:

(1) Adult cases in homes where there are young children;

(2) Adult cases in homes where there are no young children;

(3) Adult cases who have no homes, but are living in boarding houses, etc.;

(4) Cases of children with tuberculosis.

In dealing with the adult cases in homes where there are young children, we have to bear in mind that it is now a well-established fact that practically all infections take place in childhood. If we follow this fact to its logical deduction, we must admit that in the protection of infancy and childhood lies the only hope of tuberculosis control. Therefore, no adult case should remain in contact with young children. If it is simpler to remove the children from the home, this should be done; but it will generally be found that it is easier to make provision for the patient than to find suitable care for the children. That children, even of tuberculous parents, are not born with tuberculosis has been many times demonstrated, but the following illustration may be interesting:

Some eighteen or twenty years ago, a physician in a small country town had under his care a young married couple, both of whom were

tuberculous. Two children were born, who both died in early childhood—the one of meningitis, probably tubercular, and the other of tubercular peritonitis. When a third child was expected, the physician said to the parents that he would like to try an experiment. He felt that there was some doubt as to whether the disease was hereditary or not, and asked the mother if she would be willing to have the baby brought up entirely separated from her in order that it might escape infection, if his theory was correct. The mother agreed to this. A new house was being built at the time and a separate wing was arranged for the child and a wet nurse was procured, the mother only seeing the child through the windows of the sun-room in which he was brought up. The result is that, at thirteen years of age, the boy is as sturdy a specimen as could be found anywhere, with not a trace of the disease. One is sorry to have to record that the mother, who showed such Spartan qualities in order that her child might have a chance, succumbed to the disease some years ago. Just so long as we allow tuberculous parents, relatives, servants or boarders to remain in contact with children, we are going to have this problem on our hands. It should be impressed on public health nurses, on boards of health and on municipalities that it will in the long run pay to protect the children now, no matter what the expense may be.

9. Adult cases in homes where there are no children may often be supervised satisfactorily there, and should, whenever possible, be given the benefit of home surroundings, especially after a short term in a sanatorium, in order to learn the mode of life. Cases will always be found, however, in which education is not sufficient unless backed up by such legislative measures as will compel the refractory patient to consider the rights of others. The same applies in the case of the single man or woman living in rooming or boarding houses. While there is little or no danger to the adult fellow roomer or boarder, very few patients will be permitted to remain unmolested, once it becomes known that he or she has tuberculosis, and the hospital or sanatorium is usually the only solution here.

10. In the case of children with tuberculosis, there are very few homes—at least among the poor—where adequate care can be given at home. Even with intelligent supervision by public health nurses, the busy mother of a family will scarcely find time to care for a child with a chronic disease, like this, where long months elapse with very little change in the condition. The best results in these cases will always be obtained in the hospital.

11. The slogan of a recent child welfare campaign was, "Civilization marches forward on the feet of little children." We might change that slightly and say, "Tuberculosis control marches forward on the feet of little children." Just as those feet go forward firmly, or flag and falter, we may measure the success or failure of our efforts in this field. We may have hitched our wagon to a star; but, nevertheless, let

us go forward, prepared for the inevitable shaking up of our ideas incident to such a mode of progression from the actual to the ideal—that ideal towards which we are all striving—when Canada shall have finally and completely solved her tuberculosis problem.

Influenza Experiences in Peace River

By G. De Turberville, District Nurse, Peace River

When we read of the return of the 'flu "down east," we thought of the miles of open spaces between us and the dreaded epidemic and told ourselves, complacently, that Peace River with its isolated homesteads was surely immune. Even when we received a telegram from headquarters telling us of an outbreak in Edmonton, we proceeded, obediently enough, with the prescribed organization for handling the disease, but it was with a superior feeling that we would not have to carry out the plans.

The vicissitudes of life "outside" interest the Peace River homesteader very little; he is too absorbed with his own struggle for subsistence in this new country. When, therefore, the news came that a passenger on the incoming train had come down with 'flu at the "Crossing," the end of the railway some fifty miles away, it was with a decidedly injured feeling that we got out our supplies of linseed and Epsom salts, calomel and Dover's, and packed a " 'flu bag." Ten days later that bag was worn and dusty from travelling and from much refilling.

As a district nurse it fell to my lot to journey from homestead to homestead, taking temperatures, dealing out medicine and counselling treatment to the hard-working mother, aunt or grandmother who was managing her hospital of a home. For such it had to be. The different members of the family went down before the onslaught of the 'flu like a lot of ninepins, and it was nothing unusual to find four or five down with it at the same time. The burden on the remaining member of the family, or kind-hearted neighbor, was very heavy. But Peace River arose to the occasion, as it does to every occasion where hard work and kind hearts are needed. History is full of praise for the woman of the frontier—the pioneer; and the Peace River housewife is no exception to the rule. Let me add my tribute here to these splendid women who carry on the arduous work of a homestead log cabin with courage and light-heartedness and find time to take an interest in community welfare and social betterment.

Late one winter afternoon I found myself travelling in a "stone boat" on a ten-mile drive through a heavily drifted road to see a man reported very ill with 'flu. He was a bachelor; lived alone in his little

cabin in the middle of his one hundred and sixty acres of homestead, and, owing to the sickness in the family on the next place, no special attention had been paid to him.

Seeing his door closed and a snowbank drifted against it, the one passer-by in four days had thought that its inmate was away doing chores for some of the 'flu victims. On the fourth day the driver of my "stone boat" had happened to pass by, and, on an impulse, had stopped and gone in.

He had found the man in bed with 'flu. Hardy as all pioneers have to be, he had crawled out of bed and kept the fire going, but had had no strength to prepare food. Kindly hands came to his assistance immediately, and this man had come for "the nurse."

Conversation against the wind was difficult, and the lurching of our clumsy vehicle kept me busy hanging on to the box which did duty as a seat, so that it was some time before I managed to get a good look at my driver. When I did, I saw, to my consternation, that his eyes were heavy and his head hanging, and that he himself was in the first stages of the 'flu. It was all he could do to keep going, he said, but he knew the other fellow needed help. Presently we reached his homestead, however, and here I insisted on his going to bed with a dose and a hot drink, while I went on, with a neighbor, to the end of my journey.

I had to stop once more to see another family where the mother and two children were in bed with a "cold," as they optimistically called it. One look at their flushed cheeks and the clinical thermometer was enough, and with the usual medicine and stern instructions to stay in bed and nurse that "cold," I passed on into the night.

After a few more miles of jolting and sliding we reached our goal, a small log cabin, looking forlorn enough in the midst of a wilderness of snow.

I found my patient none the worse for his four days of neglect; indeed his temperature was down and he was better. I tried to insist that a woman neighbor be allowed to come and nurse him for a couple of days. She had volunteered to come, and the work a woman could do in that cabin was obvious to any feminine eye. No, indeed, he needed no woman in his house, and he sat up straight on his wooden bunk, his tumbled blankets gathered around him and his uncut hair throwing into sharp relief his gaunt features and strong mouth. A grey tabby cat, his constant companion, perched beside him and completed the picture. I smothered a laugh and had to give in. If he was no better in the morning—I laid down the law firmly—that woman was to come and look after him. Whether he got well from fright or by the help of that finest nurse of all, Mother Nature, no one knows, but he **did,** and the hated invasion of his peaceful but gloriously untidy cabin never took place.

This was only one of numerous other experiences with homesteaders. My patients, for the most part, rallied quickly. Their hardy life

and high resistance enabled them to shake off the disease after one or two days of prostration. On the child it took the form of gastric disturbances, and some of them had active typhoid symptoms. The severe frontal headache and vertigo alone enabled us to trace the 'flu. One man contracted the dreaded complication of pneumonia and had a long, hard fight for life. All of these cases were in a district fifty miles from the nearest hospital and a day's journey from a doctor. Forced to depend on the district nurse and each other, these homesteaders turned in and worked with a will. They nursed each other and followed the nurse's directions faithfully. Chores were done in a community way, one man working till his neighbor recovered, and then conditions would be reversed. It was all done with a joke and a cheery good will that went far to soften the hardships of nursing in a frontier country where water has to be carried a long way, and toilet conveniences do not exist.

My "chauffeur," for the most part, was a bachelor who is known as the Good Samaritan of the district. Is there an accident and the far-away doctor a necessity, this man is always the one to go for him. He has been called from his bed at night many a time by an anxious homesteader sending for a neighbor woman to come to the aid of his wife. It has become a rule that in any sickness or trouble some one goes for "Slim." (Why is it that any man weighing over the two hundred-pound mark is always designated by that title? That is one of the unanswered questions, I suppose, that will never be solved, like "where do the lost pins go to?" and "what became of Charlie Ross?")

There are more and more families coming into the Peace River district each year, but the majority of settlers still continues to be of the bachelor type. Now a "bachelor" up here means an unmarried member of the male sex anywhere from nineteen to eighty-five years of age. If two of them are brothers, they are known as the "Mackenzie boys" or the "Campbell boys," and more often than not these "boys" are gray and grizzled and over fifty. North from Peace River the woods are literally "full of them." They live alone in their little cabins, trapping or hunting, and emerge from their solitude once a year for provisions. When the war broke out and the news finally penetrated the northern woods, these men came out in scores, hanging up their bits of sourdough above the cabin door and trudging in to Edmonton, on foot, to enlist.

Some of them have returned, and, to an eye trained in the hospital huts of France, it is a pleasant sight to see an old khaki cap or a khaki coat gracing the somewhat heterogenous attire of a man on the plough or in a cutter on the trail. But, for the most part, the little cabin in the bush remains closed and dilapidated and the bit of sourdough is hung up for ever, while the erstwhile hunter or trapper has exchanged his beautiful Peace River land for the more abiding peace of Flanders Field.

It was at the height of the epidemic that I met Sullivan. He came to me for consultation and advice, shaved, and dressed in his best for

this solemn occasion. Being a recent sufferer from 'flu himself, he had profited by his own experiences and was now nursing a fellow victim. The main object of nursing in 'flu being, he said, "to sweat it out of 'em," he had proceeded, by means of pepper, mustard, hot foot baths and many hot irons, to "sweat" it out of his patient, and had succeeded to the point of not only reducing the fever but removing the skin from several places, in his zeal.

We gravely discussed the merits and demerits of fried pork as a food for sick people, and he finally came around to my way of thinking, but not without protesting that "they ought to get something that would put strength in 'em." When, several days later, he brought his patient to be inspected, somewhat thin and pinched-looking, but undeniably on the road to recovery, I praised him for being a good nurse. With a twinkle in his eye, he said, "it was the pork, miss. I'd given it to him before I came to you."

And so the influenza epidemic found its way into this frontier land where good health is prevalent and high spirits the rule. Although of a milder character than last year's attack, it was more widespread. Surely by another year it will have spent its force and fury, and we may once more class it in that mild catagory with grippe and hay fever, where it formerly resided.

The Leper Problem

A conference on the question of leprosy has been held by missionaries and physicians at Calcutta. It stated that leprosy is a slowly contagious disease; the nasal discharge is frequently infectious before the stage of ulceration is reached. Though the disease is not hereditary, children are peculiarly susceptible to infection. Segregation is the most effective means of reducing the prevalence of the disease. The fecundity of female lepers is marked. It was recommended that married lepers should be allowed to live together only on the understanding that children born of the union should be removed at as early an age as possible. Leprosy is decreasing, and it is hoped in time it may disappear. In the 13th century there were 19,000 leprosariums in Europe and 2,000 in France alone. To-day only sporadic cases are found in that country.

It is difficult to be always true to ourselves, to be always what we wish to be, what we feel we ought to be. As long as we feel that—as long as we do not surrender the ideal of our life—all is right. Our aspirations represent the true nature of our soul much more than our every-day life.—Max Muller.

The Teaching of Practical Work and the Value of Co-operation of Ward Supervisors

By E. Nora Nagle

Read at the C. A. N. E. Convention, Port Arthur, 1920

As practical nursing covers the whole three years of the nurses' training, the method of its presentation and its application is of vital importance to the patient, the pupil, and the training school.

The class-room teaching of this subject tries to attain these objects:

(1) To present to the pupil a correct and efficient method of doing;

(2) To teach economy of time and effort;

(3) To develop reasoning and adaptive qualities by discussion and observation.

This teaching begins with the entrance of the pupil into the training school. The instructress should give this subject thought, careful preparation, and present it in the most interesting and simplest form possible. Very often this subject is taught by one or more inexperienced and uninterested administrators, either because there is no one else to do it, or because it must be done, with the result that class work becomes a necessary evil both to the pupil and teacher.

There are many methods of class presentation—the lecture method, the text-book method, and the objective or illustrative method. None of these alone are good, but all three are necessary in the presentation of this subject.

The instructress should precede her introduction by a short quiz on some previous lecture referring directly to the subject, which will present the matter in familiar terms to the pupil, or will help her to relate it to past experiences. An introduction of the subject of the class is followed by reasons for so doing and development of results expected. The demonstration of the method to be used should be carefully and accurately given. Faults of technic, carelessness, hesitancy or doubt, leave impressions on the mind that are hard to eradicate. This should be followed by a free discussion of the procedure, and improvized methods thought about and presented. Reference reading, along some special line of interest to the nurses, may be advised here. If two hours are allowed for such a class, one or more pupils should carry out this procedure again. This is often of the utmost benefit, as it brings up problems that do not otherwise present themselves, while observing the finished work of the teacher. A synopsis of the matter closes the class and outlines the subject in the pupil's mind.

Practical nursing taught to beginners should relate their present new life to probable home problems or occupations. These should be

practised in class-rooms. Some time should elapse before the pupil is allowed to go to the wards, and then for a limited time each day, when she puts into practise only those procedures taught in the class-room. This tends to create self-confidence and assurance in the pupil.

Classes in this subject should follow a definite course, and be related as closely as possible to the other subjects taught at this time. None of the higher nursing procedures should be taught to the probationer, as she is not yet ready to realize the responsibility of such work and ought to have no need of carrying them out.

During the three months following acceptance, the nurse should be prepared for junior night duty. A course of some fifteen or twenty junior nursing clinics, which will include the nursing of children, is given to prepare her for increased responsibility.

In the intermediate and early final years, massage, urinalysis, obstetrical nursing and operating-room procedures are taught, in connection with lectures given at this time.

In the last part of the third year the nurse should receive instruction in special nursing, public health and administration work, which will relate her past experience to interesting fields of the future.

This is the science of nursing given by an instructress to her pupils. The art of nursing, which is the skilled application of this science, has to be carefully acquired. The process is slow and requires much patience, constant and close supervision during the pupil's early months of training, for habits of good or bad, then formed, continue throughout the nurse's career.

The gaining of the pupil's confidence, a knowledge of her past experience and environment, will help a very great deal at this time; as the instructress has this personal interest in each pupil, she should be the closest and most constant observer of her pupil's work. This is not always possible; then the supervisor, who has the nurse on the ward, should be so interested in each new pupil of the training school that the pupil's progress means much to her and to the reputation of her ward.

Too often the first aim of the charge nurse is to have a well managed and finished ward. As all hospital wards are training stations, the supervisor should demand a high standard of nursing efficiency. If this is made an important part of her charge, such a supervisor will see that her nurses attain this standard, and probationers entrusted to her care will have no opportunity of forming unintentional careless habits.

The supervisors should know and practise carefully the class-room technic. The value of such example to the young nurse is immeasurable. She is observant of the more experienced, and, as we all know, shows a greater tendency to do as she has seen others do than as she has been taught; so if the practice and the teaching are the same, this

example is the means which will fix firmly in the nurse's mind the short hour of science of the class-room, and relate it to reality, which it so often misses.

Any pending alteration of method or new procedure should be discussed in the weekly or monthly meetings of the supervisors, thoroughly understood by them, and its introduction and successful application be partially their responsibility on their wards. This co-operation of the supervisors keeps alive the interest in practical proceedings and stimulates close observation of methods. The supervisors and charge nurses should be encouraged to attend all lectures or demonstrations in the class-room.

The pupil should be given the first opportunity of putting into practise, on the wards, the clinic just given in the class-room. This should be done under the supervision of the charge nurse or instructress, and should not be permitted without such supervision. Many ways and means may be discussed in a clinic; if this subject matter is all new to the nurse, just how to proceed is sometimes difficult; some one being there at that time may help, and the difficulty is overcome for all time. If the nurse proceeds without assistance, the impression is also lasting, and sometimes with such dire results. Such an occasion should be an interesting one for both pupil and supervisor. The enthusiasm shown has permanent results, and often helps to overcome the monotony of routine.

Too much emphasis cannot be laid upon the co-operation that should exist between the supervisor and the instructors, as so frequently the supervisors, in their efforts to have the ward work accomplished, feel that class work and the observation it entails is irksome, and outside their province. There is undoubtedly this gap between class instruction and ward application, which can only be filled by head nurses and supervisors, from the very beginning, considering this side of the pupil's training as their responsibility.

This problem is unfortunately not decreased by to-day's restless social conditions, which have so greatly affected all institutions, and superintendents, instructresses and supervisors alike should not lose sight of the seriousness of a condition which will in any way interfere or interrupt the actual training of the nurse, whether theoretical or practical.

Iodine for Burns

It is stated that if a burn is covered with tincture of iodine, ten per cent., applied by means of a piece of absorbent cotton soaked in the fluid, it gives complete relief after four or five minutes. The treatment is painful at first, but there are no after ill effects. Only one application is needed.

The Principle of Therapeutic Immunization with Bacterins

By G. H. SHERMAN, M.D.

In considering the problem of therapeutic immunization, we should realize that the chemical construction of patogenic bacteria and the exact chemical nature of the immunizing substances produced in the body are positively known. Nor is it necessary to know the precise chemical reactions that take place in order to gain an understanding of the therapeutic actions of vaccines. To get a good idea of their mode of action, it is best to compare the consequences caused by the entrance of living germs into the body with the consequences of the injection of killed germs.

Pathogenic organisms, during the process of an infection, must be able to convert the proteins surrounding them into their own cell constituents. This they do by throwing off a digestive ferment which prepares the proteins within reach for assimilation. By these attacks the tissues are deprived, to a certain extent, of vitality; but in simple infective processes the immunizing faculties of the tissues are, in time, able to overcome the organisms. In severe infections, however, toxic substances are also produced by the activity of the germs which have a detrimental influence on the immunizing mechanism. That the pneumococcus possesses this property was shown very beautifully by Rosenow (Journal A. M. A., Sept. 7th, 1912). He demonstrated that during the process of autolysis in normal salt solution a substance is formed by the pneumococcus which has a very toxic influence, and, when injected into animals, induces no immunizing response, but rather paralyses the immunizing forces. He found that lung tissues contain this toxic material also. From this he concludes that during the process of toxic pneumonias a continuous autolyzing process of the pneumococcus takes place, resulting in the production of a toxic material which plays no part in bringing about an immunity, but rather hinders antibody formation. A similar toxic autolysis has been found with the streptococcus.

When dead bacteria are injected into the body, no digestive enzymes are created that have a destructive action on surrounding tissues; nor does there occur an autolysis with production of toxic materials that would inhibit immunization. Therefore the entire cell energy can devote itself to the production of immunizing substances, and consequently there results a larger measure of immunity than the progressive infection itself is capable of producing.

Every extensive user of bacterial vaccines knows that the injection of dead germs produces a more marked immunizing response than the progressive infection. The foregoing ideas are advanced as an attempt to explain why this is so, rather than as demonstrated laws. They serve to explain the facts noted.

When we have a bacterial invasion of the blood current, a somewhat different condition presents itself. Here the germs multiply by utilizing the blood serum, but it appears that no material immunizing action is developed until some localized tissue involvement takes place. In the case of a pneumonia, for example, the germs gain entrance into the blood stream through some comparatively slight lesion in the respiratory tract, and may multiply in the blood for some days without material clinical disturbances. At the time of the initial chill, when lung involvement takes place, abundant pneumococci may be found in the blood. If the case progresses favorably, the number of germs in the blood will lessen as lung consolidation progresses. This would show that the tissues around the point of infection have produced immunizing substances which have been absorbed into the blood-stream and have freed the latter of pneumococci. It seems that, immunity at the moment of localization being low, the germs rapidly develop in the lung tissues; the irritation they produce causes inflammatory deposits to solidify, which interferes with free blood supply, and thus the immunizing substances in the blood are slow to gain access to the center of the infection. This would serve to explain why, in a favorable case, the pneumococci disappear from the blood before the lesions heal.

By using bacterial vaccines in infections of the blood current, the processes of immunization are started in the same way as they are by localization of the infection, with the additional advantage of having a greater measure of immunizing responses than localized infections produce, and at the same time avaid lesions caused by the activity of living germs.

Rest

As a tired mother, when the day is o'er,
Leads by the hand her little child to bed,
Half willing, half reluctant to be led,
And leaves his broken playthings on the floor,
Still gazing at them through the open door,
Nor wholly reassured and comforted by promises of others in their stead,
Which, though more splendid, may not please him more;
So nature deals with us and takes away our playthings one by one,
And by the hand leads us to rest so gently that we go,
Scarce knowing if we wish to go or stay,
Being too full of sleep to understand
How far the unknown transcends the what we know.

—Longfellow.

What is a failure? It's only a spur to a man who receives it right, and makes the spirit within him stir to go in once more and fight.

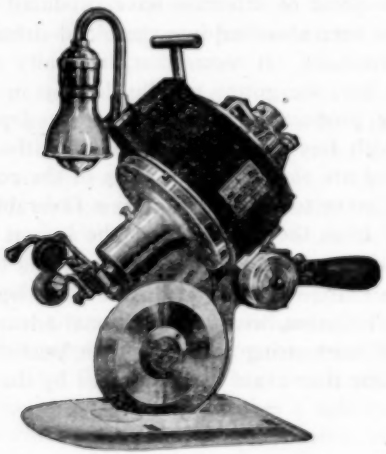
Edmund Vance Cooke.

A Cutting Machine for Surgical Dressings

By GRACE M. FAIRLEY, Hamilton General Hospital

In these days, when it would seem wise to install in all institutions anything practical in the way of labor-saving devices, one turns with gratitude to a most successful surgical-dressing cutter — so successful that the writer feels it a duty to hand on her experience to others.

It was first introduced in this hospital (Hamilton General) in the early spring of this year, at a time when pressure of work made it



The Eastman Electric Cutter

seem unwise to use nurse energy for anything other than actual nursing duties.

This machine is used in garment-cutting factories, and was used by the local Red Cross Society for their shirt-cutting, etc. In the spring of 1920 it was loaned to the hospital to try out in the supply room, and the following figures will show the actual time-saving. In efficiency, also, it cannot be compared with the old-time laborious "dressing scissors" method.

When one looks back at the numbers of tired thumbs after hours of cutting, one realizes that either the makers have been asleep or we have, for these machines to-day are quite expensive, whereas a few years ago they must have been less than half to-day's prices. But even at that the writer would strongly urge all hospitals to introduce them, both from the labor-saving and also efficiency standpoints.

Sending the material in bulk to one of the factories to be cut out was also tried, the different sizes of wool, gauzes, batting, etc., being supplied in measurement; but it was not as successful as the use of the

cutter in the hospital,—the cutter being used to cut the sections after they have been covered with gauze—the folding in of gauze at the end of sections and pads has been dispensed with, without any unsatisfactory results, the edges being much keener than when being cut with scissors. This reduces the amount of gauze used to quite a perceptible degree when large quantities of dressings are used.

The largest possible table should be installed, so that the greatest amount of material can be prepared at one time and the cutting gone ahead without interruption. Wool and gauze to a depth of five or six inches (compressed) can be cut through without the slightest effort.

A lay woman is in charge of the supply room, under the supervision of the instructress, and the probation class is used; but now the class is divided in sections, two for an hour each day, as compared with eight to ten for two hours daily previously.

A test was made of a given amount of dressings—first, by hand; second, cut by machine and finished by hand.

The result was that the second lot was made by the same number of people in half the time and with much less fatigue.

There is also a uniformity and finish to the work that is impossible to get with hand-cutting.

In this way time that can be used to much greater advantage with actual nursing duties is not taken up by duties that can be quite as efficiently carried out by lay women or a machine.

The machine can now be got in Canada from the Westaway Company, which is a benefit, as new blades or fittings can be got without the delay of going through customs.

"Not One of the Forgotten"

Oh, little sparrow, on the housetop sitting,
A ball of feathers, in the wind and snow,
Thy pictured loneliness is well befitting
A loneliness I know.

But if it be, O little one, uncalling—
Scarce worth a farthing, as, of man, thou be—
A loving Father sees, will note thy falling,
Yet what is that to thee?

I cannot answer, but for me beholding,
If it be so, and such His thought of thee,
Thy little self His loving care enfolding,
It means my All to me.

—George Barrow, in *The Living Church.*

Editorial

The proposal to give a scholarship by the National Association of Trained Nurses was introduced at the convention in Fort William, and has been brought to the attention of the affiliated associations, and the result will shortly be made known by the National Executive. In addition, there might be very properly made a campaign in each province to provide such a scholarship for one in their own province to take up post-graduate work. The fortunate candidate could then choose her university in accordance with the branch of work she wishes to specialize in.

* * * *

The appearance of two short histories of nursing, both published in the United States and both by women who are well known, makes us, as Canadian nurses who have been trained and are training nurses in Canada for this huge field in our own Dominion, regret that we cannot have a nursing history of our own to use as a text-book in our own schools. The earlier days of nursing do not belong to this continent, but the splendid work done by the pioneers in Canadian schools of nursing deserves far more attention than is given in either of these books. Surely, with the information in the hands of women like Miss Snively, Miss Livingston and Miss Stanley, with the work done for us by Dr. Maude Abbott of McGill, as shown by her illustrated history now running in this magazine, we could have a great addition to the nursing literature of to-day—and, what is more, we are, as Canadians, proud of the work done by these women for us and our successors.

May we hope that Miss Snively, as archivist of the C.N.A.T.N., will let us have the material that she and the few who remain of the "old-timers" alone can give and which otherwise is lost.

Treatment of Deformity from Rickets

The tendency of an immobilized bone to atrophy and soften has been used to correct deformities. The deformed leg is put in a plaster cast without any attempt at correction, and the child kept in bed for six weeks. When the cast is taken off, the bone is soft and pliable and can be straightened under general anesthesia as easily as a wax candle. Another plaster cast is then applied for six weeks. Weight should be applied from the third week to overcome the tendency to atrophy. Usually both legs were treated at the same time.

Keep your face always toward the sunshine, and the shadows will fall behind you.—M. B. Whitman.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urban Street.

First Vice-President — Miss Amy DesBrisay, 638-A Dorchester Street, West.

Second Vice-President—Miss H. M. Dunlop, 207 Stanley Street.

Secretary-Treasurer—Miss Susie Wilson, 638-A Dorchester Street, West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Miss Phillips, president of the C. N. A., is spending two weeks in Watertown, N. Y.

Miss Craig, lady superintendent of the Western Hospital, has returned from Gaspe Basin, where she spent two months.

Miss Birch, assistant superintendent, is spending a month in Chatham, Ont.

Miss Ida Cooper has returned from Saranac Lake, N. Y., where she has been assisting in the Reception Hospital for two months.

Miss Agnes Bullock has returned from Lyn, Ont., where she spent the summer.

Miss Mary MacDougall has returned after spending two months at Onset, Mass.

Miss Gertrude Kelly has returned after spending two months in Saranac Lake, N. Y.

Miss A. B. Milton has returned after spending a month in Moncton, N. B.

Miss Margery Reyney, Western Hospital, has been appointed supervisor of the private wards of the Montreal Maternity Hospital.

Miss Amy DesBrisay, who spent the month of August in Holland Cove, Prince Edward Island, has gone to Liverpool, Nova Scotia, for a few weeks.

Miss Lucy White has returned from the Saguenay trip.

A pinch of bicarbonate of soda in a cup of water, used as a mouth wash before going to the dentist, will make the teeth much less sensitive.

News from The Medical World

By Elizabeth Robinson Scovil

Sugar in the Diet

Observation of monkeys has shown that in the wild state they prefer acid fruits; in captivity they soon learn to like sweets. This seems to show that eating sweets is a habit, and the taste for them is not wholly due to the demands of the body. They are important in infancy, as mothers' milk is rich in sugar; but in adult life, when the power to convert starches has been established, the intake of sugar is not so necessary. It spares the digestive organs the exertion that is necessary to their well-being.

Antiseptic Soaps

It has been determined, by means of careful experiments, that the so-called antiseptic soaps have very small bacteriacidal action. The cleansing properties of the green soaps used in hospitals, or of ordinary toilet soaps, is more important than any antiseptic agent that can be added to it. The ordinary process of washing the hands will not sterilize them; but it was found that more bacteria were removed when ordinary soap was used than with so-called antiseptic soaps. If any of the latter remained on the hands after they were washed, it did not have a germicidal effect.

Canadian Drug Addicts Decreasing

It is cheering to learn that Dr. John A. Amyot, Toronto, Deputy Minister of Public Health, reports decided success in the efforts of the Department of Health to stamp out the opium evil in Canada. It has also been successful in breaking up several attempts to form an opium ring in the Dominion. The Opium and Narcotic Drug Act, passed at the last session of Parliament, will soon come into force. Every druggist, whether wholesale or retail, and all manufacturers will be required to keep a record of their receipts, of the quantity manufactured, and of their sales.

Excessive Perspiration of the Feet

Good results have been obtained, in cases where the feet perspired excessively, by dusting them with a powder composed of 60 parts of alum to 40 parts of talcum powder. The excessive sweating was checked and the offensive odor eliminated.

Early Rupture of Fetal Membranes

A Dutch physician defends puncturing the bag of water early to hasten delivery. It was found, in the Leyden Maternity Hospital, that

the proportion of instrumental deliveries had been reduced to a tenth of what it was before this plan was adopted systematically. It did not seem to increase the fetal mortality.

Public Health Nurses

It is said that, in the United States, towns, cities and states are beginning to realize that the cheapest form of health insurance is a well-organized and efficiently-operated health department. The call for public health nurses is so great that several years must pass before enough women can be trained for this work to supply the communities now calling for the services only they can supply. The demand for trained health workers greatly exceeds the supply.

New Reportable Diseases

Lethargic encephalitis and botulism have been added to the list of communicable diseases which must be reported by the action of the Public Health Council of New York.

Fat-Soluble Vitamen in Tomato

Experiments have shown that the tomato is rich in fat-soluble vitamen. Rats fed on dried tomato as the source of fat-soluble vitamen rapidly grew to large size.

The extracts containing fat-soluble vitamen from natural products are invariably colored. Yellow corn is richer in it than white corn, and colorless lard contains less than yellow milk fat and egg fat.

The Nursing Problem

The serious attention of nurses is called to the following statements from responsible sources:

Dr. William J. Mayo, one of the famous surgeons of Rochester, Minn., says the high standard nurse is one of the greatest blessings of modern civilization. She is not overpaid, considering the character of her training; rather is she underpaid; for she represents the best type of human machine for the care of the sick. But we need other types of nurses less highly trained, but, nevertheless, social service vehicles, the Fords, so to speak, of the nursing world. He then outlines a plan of certificates for definite periods of training. The present graduate nurses represent the university graduate.

Dr. Newman Bridge recently said, in his commencement address to the graduates of the Rush Medical College: "Any bright girl can be taught in sixty days to take temperature, pulse and respiration accurately, to prepare and administer invalid diet, to give drugs in various ways, give baths and fomentations, and attend to the personal wants of the invalid, and to keep accurate record of the patient and her own doings."

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

Miss Christina Hall, Inspector of the Victorian Order of Nurses for Canada, has retired. She has been engaged in teaching in the nursing world for the past twenty-eight years, and many of the nurses doing public health work in Canada to-day received their training under her at the Ottawa Training Centre of the Order.

Miss Hall is greatly beloved by all with whom she came in contact. In addition to her skill as a nurse and her ability to teach, she brought a deep spiritual insight into the lives of those committed to her care. The good wishes of her friends and the blessing of hundreds of suffering folk to whom she has ministered follow Miss Hall in her retirement.

Miss Ina M. Cole, district superintendent of the Vancouver branch of the order, has been appointed to fill the position left vacant by Miss Hall. Miss Cole is an English woman; received her hospital and public health training in the Mother Country. She has given valuable service to the order, and, through it, to the public health service of Canada. She will have much experience to bring to the general work of the order.

Miss Ethel Brown has been appointed to fill the position of district superintendent of the Vancouver branch of the order. With the estab-

lishment of a public health course at the University of B. C., it is necessary that the head of the Victorian Order have a broad education and experience in public health work. Miss Brown has had five years' general nursing training in Manchester and Salford, England; three years' infant welfare training, City of Bradford Health Department; four and three-quarter years' welfare experience with Messrs. John Bright & Bros., Ltd.

In addition she holds the certificate of the Central Midwives Board; the Royal Sanitary Institute, Lancashire and Cheshire certificates (first class with distinction) for cookery and household management.

As organizing secretary in the welfare department of Bright & Bros., Ltd., employing 2,000 workers, she gained a wide experience, as the work was entirely pioneer. Her duties were:

Interview all applicants for work.

Organize hostel accommodations for imported labor.

Fit up rest rooms, organize first aid treatment in various departments, and investigate all cases of accidents.

Supervise the visitation of the sick and needy cases.

Organize a canteen, with steam and gas plant, and provision of meals for 500 workers.

Caring for the dependents of the 400 men who joined H.M. forces from the works.

Assist in the development of the social side of the work, *i.e.*, tennis club, choral society, girl guides, etc.

Miss Brown has done a great deal of lecturing for the Royal Sanitary Institute in the Old Country. On coming to Canada, she took up work as assistant superintendent at the Ottawa Training Centre to familiarize herself with Canadian customs and methods. Miss Brown has much to bring to the public health nursing service of British Columbia.

Lincoln's Statue in London

The Anglo-American Society presented the British people, on behalf of America, with a statue of Lincoln, by St. Gaudens. It is a replica of the famous statue in Lincoln Park, Chicago. It is placed opposite Westminster Abbey. The presentation was made by Elihu Root, ex-Secretary of State of the United States, and was received by Lloyd George. Speeches were made by the Duke of Connaught and Viscount Bryce. American Boy Scouts and Civil War veterans were present in the enclosure. The National Anthem was led by the choir of Westminster Abbey, and the Battle Hymn of the Republic was sung at the close of the proceedings.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The course at McGill University in the School for Graduate Nurses will cover one academic year from October 1st, and will lead to a certificate. It is hoped in the near future to establish a two years' course leading to a university degree. The preliminary announcement for the two courses is to be found below. It is too soon to report enrollment; but the chairman of the committee states that two hospital scholarships are to be given by two of the Montreal hospitals to the selected graduates, who will have the privilege of living in the hospital while taking the course.

McGill University is the only university in Canada up to date giving the course for supervisors of hospitals and hospital administration. Miss F. Madeline Shaw is the nurse-director of the courses. She graduated Montreal General Hospital Training School for Nurses, 1894; head nurse Montreal General Hospital, 1896-97; charge special operating theatre, 1897-99; superintendent of nurses Women's Charity Club Hospital, Boston, Mass., 1899-1900; assistant superintendent of nurses M.G.H., Montreal, 1900-1903; Teachers' College, Columbia University, 1903-04; Presbyterian Hospital, New York, matron school of nursing, 1904-05; Presbyterian Hospital, New York, instructor in domestic science, 1904-06; Montreal General Hospital, New York, instructor in hygiene, 1906; Teachers' College, Columbia, 1905-06, Diploma, 1906; instructor Montreal General Hospital Training School, 1906-08; social work with Canadian Patriotic Relief Fund, Ladies' Auxiliary, Montreal, 1914-20; Summer Session Columbia, 1920, Certificate.

SCHOOL FOR GRADUATE NURSES

McGill University, Montreal

The courses will cover one academic year from October 1st, and will lead to a certificate. It is hoped in the near future to establish a two years' course leading to a university degree.

Objects

(a) To provide training for administrative and teaching positions in hospitals and schools of nursing;
(b) To provide training for public health and social nursing.

Course

(a) For public health nursing;
(b) For teachers and supervisors in schools of nursing.

Subjects Required of All Student Nurses

Psychology.
Educational Psychology.
Contemporary Nursing Problems.
History of Nursing.

Subjects Required of Nurses Taking Course A

Principles and Practice of Public Health Nursing.
Public Health Nursing in the Field.
Physical Diagnosis.
Preventive Medicine (Laboratory and Lectures).
Biology and Physiology.
Principles of Modern Social Work and Treatment of Poverty (Lectures and Field Work).

Subjects Required of Nurses Taking Course B

Supervision in Hospitals and Training Schools (Lectures and Field Work).
Hospital and Training School Administration.
Teaching in Schools of Nursing, principles and methods.
Anatomy and Physiology.
Principles of Teaching.
Preventive Medicine.
Bacteriology (Lectures and Laboratory).

Elective Courses

Home Economics.
Nutrition and Dietetics.
Neuro-Psychiatry.
Chemistry.

Admission Requirements and Regulations

Graduate nurses desiring to enter for either course given in the School for Graduate Nurses must present:

(a) Evidence of a high school education or of an equivalent which will satisfy the requirements of the school and be approved of by the university.

(b) Evidence of the satisfactory completion of a course in a nurses' training school of approved standards connected with a hospital of at least fifty beds and covering a complete general training of at least two years. Nurses must be registered when coming from state or province where registration is in force.

Fees

The fee for either certificate course is $100.00 a year, paid, if preferred, in two installments by October 15th and January 15th.

For partial students the fee is $7.50 for a full course of one lecture

a week during the winter, $5.00 for a half-term course, $10.00 for double course (two lectures weekly).

Nurses taking Course A or B may elect from required subjects of Course A or B as well as from elective courses.

Two hours laboratory or field work equals one hour lecture. A certificate course requires 14 hours lectures weekly or the equivalent, and allows 16 hours lectures weekly or the equivalent.

Field Work

Laboratory and field work will be arranged after registration for each individual student by the Nurse Director—Opportunities for work and observation will be offered in connection with University Hospitals, Clinics, Victorian Order of Nurses, Baby Welfare Committee, Charity Organization Society, Industrial plants and Public Health Department of the City of Montreal.

Library

Students will have the privilege of using the Redpath and McGill libraries of the university on making the customary deposit.

Scholarships

Some scholarships may be offered to graduate nurses whose qualifications are approved by the school.

Registration

Application forms for courses and scholarships may be had on request from the Registrar, McGill University, and should be returned not later than September 20th, 1920. Registration begins September 27th, and the opening lecture will take place Monday, October 4th. Nurses will consult the Nurse Director at time of registration. Applicants must be prepared to pass a physical examination in accordance with the rules of the university.

MUNICIPAL BIRD HOUSES IN ST. THOMAS

The city of St. Thomas recently erected three large bird houses for the housing of purple martins. Each house will accommodate 80 pairs of birds. The cost of each structure was about $250. They are erected in different parts of the city and are all of the same design. On account of their size, it was necessary to erect them on steel towers constructed of 1½-inch angle steel. The towers are 24 feet high, each support being set into concrete abutments 4 feet deep. The base of the tower is 2½ ft. by 2½ ft. and 2 ft. by 2 ft. at the top.

The World's Pulse

By Elizabeth Robinson Scovil

Women Jurors

A number of women justices of the peace have recently been appointed in England, and now they have been put on juries. Some of them asked to be excused, to attend to their babies, or their business; but excuses on the part of men to escape jury duty are not unknown. One woman thought it was a good thing that women were at last permitted to serve on juries, as they understood better than men the ways of their sex.

A Huge Gun

The British have manufactured a gun which can outrange Big Bertha, the gun the Germans used to shell Paris. It is 80 feet long, and can throw an 8-inch shell between 70 and 80 miles.

Developments in Wireless Telephoning

It is now possible for people in England who have an ordinary telephone to speak to a passenger in an airplane crossing the English Channel. Messages have been transmitted over a distance of 300 miles. It is hoped that instruments will shortly be completed which will prevent "listening in" and render the message inaudible to all except those for whom they are intended. It is also possible to telephone to a person on a moving train.

The Useful Seaplane

A squadron of British seaplanes were sent by the seaplane carrier Pegasus to different ports on the Black Sea. They were to fly over Anatolia and drop anti-Bolshevik literature.

The New Principal of McGill

Sir Arthur Currie has taken up his duties as head of McGill College.

Trans-Canada Air Line

The Air Board has completed the survey of an air line across the continent. Camp Borden has been fitted as the chief air station for Canada. Airmen are to be trained here. Great Britain has presented to Canada, as a free gift, aircraft and material to the value of seven million dollars. The naval station at Halifax is to be transformed into a seaplane station. Stations have been established at Vancouver, and Morley, Alberta. It is expected that valuable survey and exploration work will be done from these stations. The Air Board proposes to test the commercial possibilities of air transport.

American Immigration to Canada

During the month of July last, 1,547 persons left the United States to live in Canada. Of these, 65 were British born, 70 returned Canadians, 1,268 were born in the United States, two were French, 86 Scandinavians and 58 from other countries. They brought with them $423,739 in cash and effects valued at $83,753.

The Pilgrim Fathers

The 300th anniversary of the sailing of the Pilgrim Fathers from Southampton was celebrated on July 24th. There was a series of celebrations in different parts of England—Dartsmouth, where the ships of the Pilgrims called for shelter, and Plymouth, where there were thanksgiving services and historical processions. At Southampton, a pageant, directed by Canon Lovett, chaplain of the King, reproduced life in that city about the year 1620. There were 500 performers.

Girls Who Adopt

It is the fashion in England at present for unmarried women to adopt children. Perhaps the superfluous woman question can be settled by every woman fulfilling the function of a mother, bringing up and educating a child, even if it is not her own by right of birth. It has been well said that the child makes the mother.

Motor Fuels

The high price of gasoline has stimulated experiments, in the hope of finding alternative fuels for motors. Alcohol is efficient for certain classes of motor vehicles, but its cost is prohibitive. Benzole and light naphtha should be used only for air transport, or very swift road transport. Illuminating gas and coke oven gas might be used for omnibuses and passenger cars for quick traffic if light and safe containers could be devised for them and refilling stations be provided.

A Gift of Good Fellowship

The consulting surgeons of the British armies have presented a ceremonial mace to the American College of Surgeons, which includes Canadians. It is silver gilt and ornamented with a design of eagles and maple leaves, and is a most elaborate piece of metal work. It is nearly four feet long, and the names of fifty-four doners are to be inscribed on it.

A place in the ranks awaits you;
Each man has some part to play.
The past and the future are nothing
In the face of a stern to-day.

Canadian Army Medical Nursing Service Department

To Members of the C. A. M. C.:

With reference to my letter in the September issue of the *Canadian Nurse,* it is regretted that the name of Miss M. C. Stewart, A.R.R.C., was submitted in error. Miss Stewart states that, whilst maintaining a warm interest in the department, her present duties occupy her too fully to permit of any additional work. In the meantime, and until such time as one of you matrons or nursing sisters desist from hiding your editorial light under a bushel, I shall assume responsibility for this department, *i.e.*, always providing I have your support.

Filled with anticipation, I await
(News from far and near)
To learn from each and every one her fate
(With never a doubt or fear),
What you're doing, what you've done
(Since last we met),
Omitting not a sprinkling of your fun
(Lest we forget).

M. C. MACDONALD,
Matron-in-Chief.

Matron E. Campbell, M.M., R.R.C., is superintendent of the V. O. N. (Victorian Order) in Toronto.

Matron-in-Chief E. C. Rayside, M.H.S., R.R.C., has accepted the position of instructor in theoretical nursing at the Montreal General Hospital.

Matron B. F. Willoughby, O.B.E., R.R.C., attended the Summer School, Teachers' College, Columbia University, New York, and is now at her home in Lyndhurst, Ontario.

Matron O. Boulter, R.R.C., has recently returned from a holiday in England.

Matron E. B. Ridley, C.B.E., R.R.C., writes enthusiastically of Welsh pony farming in Shropshire, England. She will shortly have had a year's experience in this work.

Matron I. H. Cairns, R.R.C., is on the staff of St. Luke's Hospital, New York.

The marriage of Nursing Sister Gertrude DeCow to Capt. John Gale took place at "Cloverhill," Strathroy, Ont., August 5th, 1920.

Mrs. Chas. Dickson, A.R.R.C. (nee Nursing Sister S. J. Robley), accompanied her husband to Winnipeg, where he is stationed. Colonel Dickson has been appointed to the R.C.A.M.C. (Permanent Medical Corps).

Nursing Sister E. W. Odell, R.R.C., is visiting her cousins, Major and Mrs. McKay, 3838 Selkirk Avenue, Point Grey, Vancouver.

Nursing Sister M. Ruddick, who proceeded to England several months ago, is now in Serbia. Her address is: Care of Serbian Relief Headquarters, Nish, Serbia.

The following members of the Reserve are applying for leave of absence in order to join the Canadian Nursing Mission in Roumania: Assistant Matron Dorothy Cotton, Nursing Sisters O. Fitzgibbon, J. B. Graham, Margaret Killmaster, Helen Kendall, R.R.C.

Miss Cotton assumes the duties of matron, and Miss Fitzgibbon that of instructor in nursing. The unit (civil, not military) is due to leave for Bucharest early in November.

Nursing Sister E. Hegan, R.R.C., who has been spending the summer in Scotland, is expected back shortly.

Matron B. Smellie, R.R.C., is booked to attend a course in public health, social service, etc., at Simon's College, Boston.

Matron J. McG. MacDonald, R.R.C., is on the staff of the Holy Cross Hospital, Calgary.

Assistant Matron B. Mattice, R.R.C., is organizing a health centre, under the auspices of the American Red Cross, at Newburyport, Mass.

Nursing Sister G. Black, who returned to London after demobilization to take up massage, is now a member of the Chartered Society of Massage and Medical Gymnastics. Sister Black intends taking up work in Paris.

Nursing Sister M. E. English, A.R.R.C., who served with the American Red Cross Unit in Vilna, Poland, has returned to the United States. The relief party, of which she was a member, was obliged to flee before the Bolsheviki advance.

Before washing the convalescent's hair, see that her comb and brush have been thoroughly washed, dried and sunned; then don't forget, as many do, to give her hairpins, barette, back comb, etc., a good bath in warm soap suds, drying quickly with a soft towel. Then, after the usual careful shampoo, all these articles are clean and ready for the last touches to the toilet. If the comb happens to be an ivory one, a small brush, such as a nail brush, and alcohol will be a better mode of cleaning.

Hospitals and Nurses

NOVA SCOTIA

The graduation of the first class in public health nursing at Dalhousie University was held September 21st, when all those who had completed the course were presented with diplomas. An address was given the class by Miss Eunice M. Dyke, of the Department of Public Health, Toronto. The class included the new president of the Nova Scotia Graduate Nurses' Association, Miss Catherine Graham, who, however, is no stranger to that association, as she served a term in 1917 as president of the association.

The eleventh annual meeting of the N.S.G.N.A. was held on September 23rd, 1920. Valuable and interesting reports were submitted by the secretary and treasurer. It was announced that the nucleus of a nurses' war memorial fund had been formed, with a deposit of $194.50, and that the balance of the sick benefit fund amounted to about $600.00. General regret was expressed at the retirement of the popular president, Mrs. Doyle; also of Misses Rice and Burgoyne, who have rendered several years of faithful service as secretary and treasurer, respectively. The following officers were elected: President, Miss Catherine Graham; vice-president, Miss Luxon; treasurer, Miss Lynch; secretary, Miss Sadie Archard; provincial vice-presidents, Sister Ignatious, Glace Bay, C.B., and Miss Watson, Yarmouth, N.S.

A very graphic and entertaining report of the national conventions was given by Miss Dempsey, the delegate sent by the association.

Following the meeting, an informal reception was held, and members had the privilege of meeting Miss Eunice Dyke, who had been in Halifax addressing the public health nursing students at their graduation.

Miss Pickels, superintendent of nurses, Victoria General Hospital, has been granted leave of absence. Miss Gladys Strumm, recently assistant superintendent of nurses, Buffalo General Hospital, will substitute for her.

Miss Harriet Graham, of the S. C. R., North Toronto, has been spending her vacation motoring through Nova Scotia.

The Halifax school nurses, Read and Mullins, have returned from Cleveland, where they took a post-graduate course in school nursing. Miss Edith Richardson has also completed a course in social service in Boston.

Miss Jean Campbell, who has been acting as lecturer for the Women's Institutes, is now visiting her sister in Ontario.

Nova Scotians all over the Dominion will be interested to hear of the reopening of King's College University, Windsor, N. S. This is said to be the oldest educational institution in the British Colonies, and which was so nearly destroyed by fire last winter. Fortunately, the valuable library escaped the lamentable conflagration.

The appointment of Miss Cathleen Russell to a "chair" in Toronto University wins fresh laurels for King's, already Alma Mater of many brilliant scholars and university professors.

* * * *

ONTARIO

The Alumnae Association of the Guelph General Hospital held their annual meeting at the nurses' home of the hospital recently. After the routine business, the following officers were elected: Hon. president, Miss Stewart, lady superintendent of the hospital; president, Miss Emily Eisel; first vice-president, Miss Annie Moon; second vice-president, Miss Galbraith; treasurer, Mrs. Anchison; secretary, Miss Ethel Eby; representative of the *Canadian Nurse* magazine, Miss E. Richardson; Sick Visiting Committee, Miss Bessie Miller (convener), Misses Spiens and Fraser.

Dr. Bennetts gave a lecture on "Ear, Nose and Throat," which was much appreciated by the nurses, who gave Dr. Bennetts a hearty vote of thanks. Refreshments were served, and a pleasant evening terminated.

Mrs. Douglas, Woolwich Street, left Guelph to visit her daughter, Miss Madge Douglas.

HAMILTON

Miss Ella Risk has been appointed school nurse for the Galt public schools.

Miss Annie Male sailed this month for China, to take a position with the Methodist Mission.

Miss Ada Horning has gone on a trip to Victoria, B.C.

The Red Cross have given scholarships to two of our overseas nurses, Misses Ann Cameron and Beck.

The Alumnae Association of the Hamilton General Hospital are sending Miss Annie Boyd to take the public health course at the University of Toronto. Miss Mamie Boyd will substitute for her sister as one of the Board of Health nurses while she is taking her course.

Miss Robena Burnett has been appointed registrar for the Hamilton Central Registry in the place of Miss Edith Insole, who has held that position for the last six years, but who has now accepted the position of charge nurse of a clinic for children of pre-school age.

Miss Monica Barrach has given up private nursing and taken a position in a bank in Barrie, her home town since her return from overseas.

Miss Bertha Jamieson, graduate of the Buffalo General Hospital, has accepted a position in a boys' school in New Jersey.

Miss Jessie Duncan has been appointed to the local staff of the S. C. R.

BRANTFORD

The graduation exercises of the Brantford General Hospital were held in the nurses' home of the hospital on September 15th. There were many present to enjoy the excellent programme and to witness ten nurses receive their diplomas and pins. A splendid address was given the class by Dr. E. R. Secord. The following nurses graduated: Misses Pearl Mossip, Alberta Fischer, Jessie Fraser, Margaret Fletcher, Edna Duffy, Iyla Stewart, Vera Forsythe, Hattie Stevens, Minnie Conkey, Barbara Trumper. The scholarships presented by the South Brant Woman's Institute to the two nurses obtaining the highest marks were won by Miss Barbara Trumper and Miss Minnie Conkey. The scholarship presented by Dr. Bier for the best executive ability and surgical work was received by Miss Jessie Fraser. A banquet to the class was given at the Kerly House by the Alumnae Association, and was much enjoyed.

The annual meeting of the Alumnae Association of the B. G. H. was held September 16th, when the whole graduating class was received as members. This association has the honor of having a mother and daughter as fellow-members of the alumnae. Mrs. Thomas Potts was the first graduate of the school in 1888, and her daughter, Miss Helen Potts, graduated in 1918. Both are very valuable members of the association. At the close of the meeting, refreshments were served and an informal reception held.

Miss Dora Taylor has accepted the position of night supervisor at Paynesville General Hospital, Paynesville, Ohio, and left October 1st for her new post.

Miss Margaret McCullogh has been appointed to the staff of the Mount Sinai Hospital, New York City.

Miss Margaret Tait, superintendent of Spadina Military Hospital, Toronto, and Miss Grace Powell, of Detroit, were among the visitors for the graduation.

Miss Margaret Gillespie was forced to give up her position in the Dunnville Hospital on account of ill health.

Miss Florence Slee, who has been doing industrial nursing for the past two years, has resigned her position, and is doing private nursing in the city.

Miss Lavina Gillespie (B.G.H., 1919) has accepted a position on the staff of that institution.

LONDON

The engagement is announced of Miss Ada Nash to Mr. Alva Porter Stevens, of Detroit, Mich. The marriage takes place in October.

Victoria Hospital Nurses' Alumnae Association executive held a special meeting at the home of Mrs. Walter Cummins, Miss D. Hutchinson presiding. The resignation of Miss Ada Nash, as secretary,

was regretfully accepted. Miss Nash will be succeeded by Miss Beatrice Smith. The report of the season's programme was submitted by the programme committee, and promises to be of great value. This year a bazaar will take the place of the monthly meeting in November, and in April a musicale will be held. In May the graduation takes place, and the annual picnic in June closes the season. Lecturers include several members of the medical profession, including Dr. Hill, who speaks on "Public Health." Mrs. Joseph will speak to the nurses on the provincial registration of the Ontario nurses at the October meeting.

Among the successful applicants for Red Cross scholarships for the public health nursing course at Toronto University is Miss Alison Dickison, Ottawa, who is a graduate of the Victoria Hospital, and served overseas.

Miss Elizabeth A. Thom, graduate of the Victoria Hospital, and who served for five years with the British and Canadian forces, is among a party of six members of the Near East Relief who are on their way to render help where Turkish atrocities have their victims. She is a charter member of the Alumnae Association and was its first secretary.

Miss D. Hutcheson has gone to Duluth for a vacation.

Preparations are under way for the child welfare exhibit to be held here during the Western Ontario fair.

Dr. Margaret MacKellar, who has been in India for thirty years, and who possesses the "Kaisar-Hind," the royal recognition of public service, is visiting her cousin, Mrs. Donald McLean, in London. She has been instrumental in building up nursing service and training school work at Ludhiana in the Punjab. She sees the great field waiting, and regrets that so few Canadian nurses are there to help the cause.

A pre-natal clinic has been established at the Victoria Hospital, London.

All citizens of London will be allowed the privilege of reporting periodically at the Public Health Institute at the well people's clinic recently established. A nominal fee will be charged, but the plan is to bring people to the clinic for preventive work rather that let them wait till illness overtakes them.

THE WOMEN'S COLLEGE, TORONTO, ONT.

The first annual meeting of the Alumnae Association of the Women's College Hospital was held at the nurses' residence on Monday evening, September 13th.

The Alumnae Association was organized in September of 1919. At the first meeting Miss J. Gunn, superintendent of nurses of the Toronto General Hospital, gave us a splendid talk on the great importance of an alumnae association to a training school, and also a most interesting address on Legislation and Registration for Nurses. Miss Rowan, superintendent of Grace Hospital, Toronto, also gave the first members of our association a few words of advice and encouragement. This

was followed by the well-wishes of our own staff doctors for our success.

At our first annual meeting we could not help but realize that Miss Gunn's address had had the desired effect on our members. Our president's report showed a year of real interest and activity, because each member felt, when she joined the association, that she was responsible for the advancement of same. Her report showed the huge success of a bazaar held in December to raise funds, the proceeds of which tripled the expectations of all. We have, however, also to thank our pupil nurses for this, as they gave ungrudgingly of their time to help us. Out of these funds a reference library was started for the nurses by the presentation of the *History of Nursing* and subscriptions for the *Canadian Nurse* and *Trained Nurse*. Our association also had the pleasure of being represented at the annual convention of the G. N. A. held in Ottawa in April. In June we had the pleasure of accepting each member of this year's class into the Alumnae Association, when a banquet was given to them in honor of the occasion at the Graduate Nurses' Club Rooms.

The recording secretary's report showed a record of eleven regular meetings and several special ones during the year, each of these meetings being well attended. This was most encouraging to our superintendent, Mrs. H. M. Bowman, hon. president of the association, who has given so much of her time to help us. We will not forget her inspiration to us and her own loyalty in attending our meetings, although always exceedingly busy herself. Mrs. Bowman has helped us over so many hard places during this first year, which is usually the most uphill in any organization, and we all feel the only appropriate way in which to thank her is to make it our responsibility to see that her association thrives as a result of the good start it had through her efforts.

Our treasurer's report was rather a surprise, in that we had a good deal more cash on hand than we expected.

After the business meeting we had the pleasure of the company of the senior nurses of our school at an impromptu entertainment, followed by a dainty luncheon.

The first year of our Alumnae Association has shown success all along the line, and each member is determined to make this year far exceed last in its record.

* * * *

MANITOBA

BRANDON

The Graduate Nurses' Association resumed their meetings for the season September 8th, when they met in the lecture-room of the General Hospital. Mrs. S. J. S. Pierce, president of the association, was in the chair. After the completion of the routine business, Miss Finlayson, who attended the convention at Port Arthur and Fort William in July, gave a most interesting report of the meetings.

A very pleasant gathering took place at the Nurses' Home of the hospital in honor of Miss Pike, a member of the G.N.A. of Brandon, who left a few days later for the East. Miss Hulbert, on behalf of the association, presented Miss Pike with a silver cream and sugar set, suitably inscribed and held in a pretty brown wicker tray of soldier's manufacture. An appropriate address accompanied the gift, and assured Miss Pike of the appreciation of her services as secretary and of the high esteem and affection in which she is held. Dancing and refreshments completed the entertainment for the evening.

Miss Haddock, a graduate of the B.G.H., who is home on furlough from West China, was the guest of honor at the home of Dr. and Mrs. Pierce recently, when the Graduate Nurses' Association met for a social evening. Miss Haddock's collection of Chinese things was very much admired. Refreshments brought to a close a most delightful evening.

WINNIPEG

Misses E. J. Wilson, Christine Parker, Edith Macey, Meta Hodge, N. Simpson and M. Glenn have been appointed as public health nurses by the Manitoba Provincial Board of Health.

At the annual meeting of the Manitoba Branch of the Canadian Red Cross, it was decided to appropriate funds for the maintenance of four nurses in unorganized sections of the province, who will be under the direction of the Provincial Board of Health.

The Board of Education have also requested the services of two public health nurses of the Provincial Board of Health to work in school districts which are under the direction of Mr. Ira Strattan.

The Provincial Public Health Nurses' Department was recently removed from the new Law Courts to the new Parliament Buildings, rooms 25, 27 and 29, basement, in east wing, Winnipeg.

* * * *

BRITISH COLUMBIA

Among the nurses cited by the French Government and presented with a bronze medal was Miss Florence Morris, of the French Flag Nursing Corps. Miss Morris is a graduate of the Vancouver General Hospital, and the following is the citation which was sent with the medal: "Served from January, 1916, to March, 1918; bore with sang-froid numerous aerial bombardments; kind and untiring, she made herself highly appreciated by her zeal and devotion." (Citation copied from the *British Journal of Nursing*.)

The departure of Miss Ina M. Cole, head of the Vancouver branch of the V.O.N., was the cause of several pleasant entertainments in her honor. Miss Cole leaves for Ottawa to take up her new appointment shortly.

Miss Del MacGregor, who resided in British Columbia for several years previous to her service overseas, was among those to whom have been awarded the scholarship of the Canadian Red Cross, and who has taken up her course of post-graduate work in the University of Toronto.

The monthly meeting of the V.G.N.A. was held October 6th. After the usual routine business, a lecture on "Prohibition" was given by Dr. Telford. A vote was taken, and the meeting decided to endorse the retention of the present prohibition law rather than change to that of Government control.

VICTORIA

Miss Kinney, of St. Joseph's Hospital, Victoria, left to accept a position in Dawson City, Y.T.

Miss Imogen Warren, Jubilee Hospital graduate, left recently to take charge of the maternity department of the Royal Inland Hospital, Kamloops; while Miss Mildred Gibson, graduate of the same school, left for a position in the same hospital in Kamloops as supervisor of the medical and surgical floors.

Miss Eldora Bray (Royal Jubilee Hospital), after a course in public health nursing, has taken over the Waldo Health Centre opened recently by the Provincial Government.

Miss Marion Wismer, graduate of the Royal Jubilee Hospital, has been appointed to the staff of the Public Health Department, Edmonton, Alberta.

BIRTHS

HARRISON—At Lamont Hospital, Lamont, Alberta, August 2nd, 1920, to Mr. and Mrs. R. E. Harrison, a son. Mrs. Harrison was Miss Christine Musselman, Vancouver General Hospital, 1916.

HAMILTON—At the Montreal Maternity Hospital, July 15th, 1920, to Mr. and Mrs. Robert Hamilton (Miss B. Brittain, R.V.H., 1918), of 27 Sixteenth Avenue, Lachine, Que., a son.

MACDONALD—At Shawnigan Falls General Hospital, Shawnigan, Que., to Dr. and Mrs. Dalfaddy MacDonald, a son. Mrs. MacDonald was Miss Wynne Whelpy, R.V.H., 1914.

MACDONALD—At Toronto, June 2nd, to Dr. and Mrs. Ray MacDonald, a son. Mrs. MacDonald was Miss Josephine MacArthur, R. V. H., 1917.

MARRIAGES

ALMOND-PICKEN—On May 8th, at Ottawa, Ont., Nyle Gertrude Picken (R.V.H., 1918) to Dr. Frank Wallis Almond.

BINKLEY-WADDELL—At the Manse of the Church of the Covenant, Wilmington, North Carolina, on September 7th, Mary Elizabeth Wad-

dell, graduate of Hamilton City Hospital, to Daniel Binkley, of Red Deer, Alberta.

ELLISON-JOHNSON—In Exeter, Ont., September 7th, 1920, by the Rev. M. J. Wilson, Miss Margaret Isabel Johnson to the Rev. Harold V. Ellison, of Collingwood, Ont. Mrs. Ellison is a graduate of the Collingwood G. and M. Hospital, class 1917.

HEWITTSON-SAUNDERS—In Owen Sound, recently, Miss Edythe Maude Saunders (Brantford General Hospital, 1919) to Mr. Arthur Hewittson, of Owen Sound, Ont.

MORSE-SCOTT—On June 2nd, 1920, at Montreal, Tene Bell Scott (R.V.H., 1917) to Dr. Harry Dodge Morse, of Berwick, N.S.

POTTER-HUTCHINGS—At Fort Townsend, Harvey Road, St. Johns, Newfoundland, on June 30th, 1920, Irene Maud Hutchings (R.V.H., 1919) to Mr. Thomas George Potter.

ROSS-MURPHY—On June 25th, 1920, at the residence of Dr. A. D. Stewart, Molly Payne Murphy (R.V.H., 1917) to Capt. Albert Ross, M.C., M.D., of Stellarton, N.S.

TIMBERLAKE-ROBERTSON—At Iroquois, Ont., June 16th, 1920, Mary Robertson (R.V.H., 1919) to Mr. J. B. Timberlake.

WALLACE-HUGHES—On Wednesday, August 18th, 1920, at Central Methodist Church, Toronto, Vera, daughter of the late W. A. Hughes and Mrs. Hughes, of Bedford Road, Toronto, to Harris Earle, son of Mr. and Mrs. Harris L. Wallace, of Toronto. Miss Hughes is a member of class 1919, T. G. H.

WILBUR-HUMPHRIES—At Moncton, N.B., June 16th, 1920, Kathleen Humphries (R.V.H., 1919) to Mr. Noble Wilbur.

DEATHS

PREBBLE—In Hamilton, recently, Kathleen Prebble, a widow of the late Henry Prebble. Mrs. Prebble was a graduate of Victoria Hospital, London, Ont., and a member of the Alumnae Association.

FROM A LITTLE HOUSE

By MARY STEWART CUTTING

I live in a little house,
But the door can open wide;
I live in a little house,
But the whole round world's outside!

The light marches in with the morning,
The stars creep down at night;
The high rain treads on my door-step,
The far winds call on their flight,

And the Spring comes in as a lover,
When Winter's feet depart;
And O the voices and voices
That reach the door of my heart!

I live in a little house,
But the door can open wide;
I live in a little house,
But the whole round world's outside!

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Regular Meeting—Second Monday of each month.

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Representative "Canadian Nurse" Magazine—Miss Haynes, Central Registry.

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The Association meets First Friday each alternate month.

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Representative to Central Registry—Misses Edge and Cunningham.

Board of Directors—Misses Rowan, Devellin, Pearen, Segsworth, Elsie Reid and Cunningham.

Regular Monthly Meeting—Second Tuesday, 8 p.m.

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Regular Meetings—Second Friday of each alternate month.

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Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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HAMILTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

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Meetings—Fourth Wednesday, 8 p.m., of every second month, beginning in January, but omitting July.

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Sick Visiting Committee—Misses H. Carroll and F. Clarke.

Regular Meeting—First Tuesday, 4 p.m.

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Representatives to Central Registry—Miss Burnett, Mrs. Reynolds, Miss Roadhouse, Miss A. P. Kerr.

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Representatives on Central Registry—Misses Goloy and Maude Thompson.

Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

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Programme Committee—Miss McCormack, Miss Nesbit, Mrs. Dunn, Mrs. Hallett.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting—First Tuesday, 8 p.m.

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Regular Monthly Meeting—Second Sunday, at 8 p.m.

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